

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1957

State File No. **46531**  
Registrar's No. **2935**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>531</b>		Registrar's No. <b>2935</b>	
1. PLACE OF DEATH <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>University City Mo</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>University City Mo</b>		c. LENGTH OF STAY (in this place) <b>25 Years</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6318 Waterman Ave</b>				e. STREET ADDRESS (If rural, give location) <b>6318 Waterman Ave</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>D.</b>		b. (Middle) <b>Harvie</b>		c. (Last) <b>Kernaghan</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 23 1957</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Oct 7-1892</b>		9. AGE (In years last birthday) <b>65</b>		10. IF UNDER 1 YEAR: Months <b>1</b> Days <b>16</b>		11. IF UNDER 12 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cerified Accountant</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Accounting</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>Fort Worth Texas</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Daniel H. Kernaghan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Harvie</b>		14. NAME OF HUSBAND OR WIFE <b>Marguerite Kernaghan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>197-30-9782</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marguerite Kernaghan</b> ADDRESS <b>6318 Waterman Ave</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of lung</b>				INTERVAL BETWEEN ONSET AND DEATH <b>8 mos</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>163X</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan</b> , 1954, to <b>Nov 23</b> , 1957, that I last saw the deceased alive on <b>Nov 22</b> , 1957, and that death occurred at <b>6:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Joseph V. Lunnegan M.D.</b>				23b. ADDRESS <b>634 N Grand</b>		23c. DATE SIGNED <b>Nov 23, 1957</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-25-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>11-22-57</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Damske</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b> ADDRESS <b>3840 Lindell Blvd</b>			

1 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 469

P. O. Address 3844 Linden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.